

**UNITED STATES COURT OF APPEALS FOR THE FOURTH CIRCUIT  
DOCKETING STATEMENT--CRIMINAL CASES**

**Directions:** Counsel must make a **docketing statement (criminal)** entry in CM/ECF within 14 days of filing a notice of appeal or cross appeal, or within the due date set by the clerk's docketing notice, whichever is later. File with the entry the (1) docketing statement form and any extended answers, (2) any transcript order form, and (3) any CJA 24 authorization form. Counsel who filed the notice of appeal is responsible for filing the docketing statement even if different counsel will handle the appeal. In criminal cases, counsel who represented the defendant below must continue on appeal unless the court of appeals grants a motion to withdraw. Appellants proceeding pro se are not required to file a docketing statement. Opposing counsel may file objections to the docketing statement within 10 days of service using the ECF event-**docketing statement objection/correction**.

<b>Appeal No. &amp; Caption</b>	USA v. DAVID BRIAN HILL
<b>Originating No. &amp; Caption</b>	USA v. BRIAN DAVID HILL
<b>District Court &amp; Judge</b>	Middle District of North Carolina, William L. Osteen, Jr.

<b>Jurisdiction</b> (answer any that apply)		
Date of entry of order/judgment appealed from	JANUARY 16, 2015	
Date this notice of appeal filed	JANUARY 29, 2015	
If cross appeal, date first notice of appeal filed		
Date of filing any post-judgment motion		
Date order entered disposing of any post-judgment motion		
Date of filing any motion to extend appeal period		
Time for filing appeal extended to		
Is appeal from final order or judgment?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If appeal is not from final judgment, why is order appealable?		

RECEIVED  
 2015 FEB 10 AM 10:39  
 U.S. COURT OF APPEALS  
 FOURTH CIRCUIT

**Transcript – Order all necessary transcript now. Extensions of the briefing schedule to order additional transcript are disfavored**

(Identify necessary transcript dates and state whether the transcript is on file or a copy of the transcript order is attached. CJA counsel must attach copy of the CJA 24 with the transcript order.).

Trial Date(s):		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed
Plea Date:		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed
Sentence Date:		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed
Other Date(s):		<input type="radio"/> On File	<input type="radio"/> Order Attached	<input checked="" type="radio"/> Not Needed

**Case Handling Requirements** (answer any that apply)

Case number of any prior appeal in same case		
Case number of any pending appeal in same case		
Identification of any case pending in this Court or Supreme Court raising similar issue	If abeyance or consolidation is warranted, counsel must file an appropriate motion.	
Is expedited disposition necessary?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If yes, motion to expedite must be filed.		

**Issues** (Non-binding statement of issues to raise on appeal. Attach additional page if necessary.)

**ISSUE I.**

It was error by the district court to DENY the pro se motion. The court failed to address the primary intent of the motion or failed to view the pleading as two motions and thereby failed to address one motion.

**ISSUE II.**

The time restriction for filing an appeal was unconstitutional as applied to the defendant.

Appellant's Name & Address	Counsel's Name & Address
Name: BRIAN DAVID HILL (pro se) Address: 916 Chalmers St. – Apt. D Martinsville, VA 24112	Name: Address:
E-Mail:	E-Mail:
Phone: 276-632-2599	Phone:

Signature: \_\_\_\_\_

Brian D. Hill  
*Signed*

Date: \_\_\_\_\_

Feb 6, 2015

Counsel for: \_\_\_\_\_

**Certificate of Service:** I certify that on Feb 6, 2015 the foregoing document was served on all parties or their counsel of record through the CM/ECF system if they are registered users or, if they are not, by serving a true and correct copy at the addresses listed below:

Mr. Anand P. Ramaswamy  
Assistant United States Attorney  
101 South Edgeworth Street  
Greenboro, NC 27401

Mr. Mark A. Jones  
BELL, DAVIS & PITT, PA  
100 N. Cherry St., Suite 600  
P. O. Box 21029  
Winston Salem, NC 27120-1029

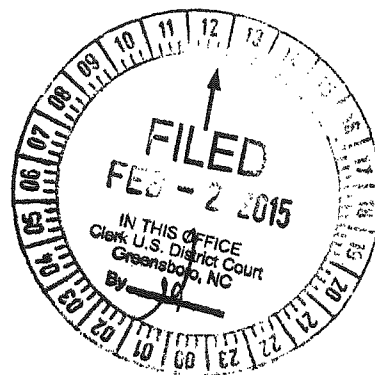
Signature: \_\_\_\_\_

Brian D. Hill

Date: \_\_\_\_\_

February 6, 2015

In the United States District Court  
for the Middle District of North Carolina  
Greensboro Division



Defendant, ~~Brian D. Hill~~

*Brian David Hill*

v. Criminal Action No. 1:13cr435-1

Plaintiff, United States of America

**REQUEST FOR TRANSCRIPT**

Transcripts are requested for appeal purposes

for case 13-cr-435 of proceedings held as follows :

Status Conference 6/4/2014

before JUDGE N. C. TILLEY, JR

*CJA Voucher requested to pay Transcript fees as I am indigent under CJA status. So pursuant to the Criminal Justice Act (18 U.S.C. § 3006A) for purposes of Appeal, I ask for the Transcript under CJA Voucher.*

*Brian D. Hill* *Jan 30, 2015*  
*signed*

Brian D. Hill ( pro se )

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

**CERTIFICATE OF SERVICE**

I hereby certify that service was made by mailing

by deposit in the United States Mail, Postage prepaid,

on January 30th, 2015

a true and correct copy of the foregoing

REQUEST FOR TRANSCRIPT, and signed CJA Voucher form (attached)

addressed to:

Mr. Anand P. Ramaswamy  
Assistant United States Attorney  
101 South Edgeworth Street  
Greenboro, NC 27401

and a true and correct copy addressed to:

Jane Allen-Calhoun, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

and a true and correct addressed to:  
U.S. Court of Appeals  
1100 E. Main St. Suite 501  
Richmond, VA 23219

Brian D. Hill Jan 30, 2015

Brian D. Hill ( pro se )

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599



## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>1:13-CR-435-1</b>		5. APPEALS DKT./DEF. NUMBER			
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal			
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>Pro Se</b>		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)</b>			
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.</b>							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). <b>Status Conference, hearings for Pro Se motions filed - 6/4/2014 - 10 Pages</b>							
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS		
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT  As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <b>Brian D. Hill</b> <b>01/30/2015</b> _____ Signature of Attorney      Date  <b>Brian David Hill(Pro Se)</b> _____ Printed Name Telephone Number: <b>(276) 632-2599</b> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER  Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  _____ Signature of Presiding Judge or By Order of the Court  _____ Date of Order      Nunc Pro Tunc Date				
<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS  <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS  <b>Jane Allen-Calhoun, North Carolina Middle District 324 W. Market St., Greensboro, N.C. 27401</b>  Telephone Number: <b>(336) 332-6033</b>				
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE  <b>Brian: I don't have that information.</b>							
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original		1-10	10	\$3.65			\$36.50
Copy		1-10	10	\$0.90			\$9.00
Expense (Itemize)		These are only estimated costs.					
<b>TOTAL AMOUNT CLAIMED:</b>							<b>\$45.50</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED  I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  Signature of Claimant/Payee _____ Date _____							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  _____ Signature of Attorney or Clerk      Date _____							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT  _____ Signature of Judge or Clerk of Court      Date _____						24. AMOUNT APPROVED	

January 30th, 2015

Jane Allen-Calhoun, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

Re: U.S. v. Hill, District Court # 13CR435

1:13CR435-1

Enclosed please find a copy of a request for transcript filed with the court.

Status Conference 6/4/2014 - 10 pages

I am enclosing a copy of the CJA 24 voucher (filed with Clerk of the Court) form I have signed asking the United States to pay the transcript service fee. Since I am indigent I am sure the government will pay for the transcript fee for my Request for transcript.

If a fee is required, please ask the court how much I would be required to pay.

If you have any question, please let me know.

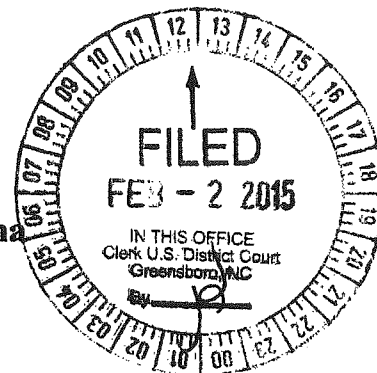
Best wishes to you,

Brian D. Hill  
916 Chalmers St, Apt. D, Martinsville, VA 24112  
Phone: (276)632-2599

Brian D. Hill  
signed

Enc.

In the United States District Court  
for the Middle District of North Carolina  
Greensboro Division



Defendant, ~~Brian D. Hill~~  
*Brian David Hill*

v. Criminal Action No. 1:13cr435-1

Plaintiff, United States of America

**REQUEST FOR TRANSCRIPT**

Transcripts are requested for appeal purposes  
for case 13-cr-435 of proceedings held as follows :

Change of Plea Hearing 6/10/2014  
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Motion Hearing 9/3/2014  
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Called for sentencing 9/30/2014  
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Status Conference 10/15/2014  
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

Sentencing Hearing 11/10/2014  
before CHIEF JUDGE WILLIAM L. OSTEEEN JR.

*Brian D. Hill*  
*signed*

Brian D. Hill ( pro se )

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

*Jan 30 2015* CJA Vouchers requested to  
pay Transcript fees as I  
am indigent under CJA  
status. So pursuant to  
the Criminal Justice Act  
(18 U.S.C §3026A) for purposes  
of Appeal I ask for the  
Transcripts under CJA Voucher.



**CERTIFICATE OF SERVICE**

I hereby certify that service was made by mailing

by deposit in the United States Mail, Postage prepaid,

on January 30th, 2015

a true and correct copy of the foregoing

REQUEST FOR TRANSCRIPT, and signed CJA Voucher forms (attached)

addressed to:

Mr. Anand P. Ramaswamy  
Assistant United States Attorney  
101 South Edgeworth Street  
Greenboro, NC 27401

and a true and correct copy addressed to:

Joseph Armstrong Court, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

and a true and correct copy addressed to:

U.S. Court of Appeals  
1100 E. Main St. Suite 501  
Richmond, VA 23219

Brian D. Hill Jan 30, 2015

Brian D. Hill ( pro se )

916 Chalmer St, Apt. D, Martinsville, VA 24112

Phone: (276)632-2599

January 30th, 2015

Joseph Armstrong, Court Reporter  
North Carolina Middle District  
324 W. Market Street  
Greensboro, N.C. 27401

Re: U.S. v. Hill, District Court # 13CR435

1:13CR435-1

Enclosed please find a copy of a request for transcript filed with the court.

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Called for sentencing 9/30/2014  
Status Conference 10/15/2014  
Sentencing Hearing 11/10/2014

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If you have any question, please let me know.


Best wishes to you,

Brian D. Hill (Pro Se)  
916 Chalmers St, Apt. D, Martinsville, VA 24112  
Phone: (276)632-2599


*Brian D. Hill*  
*Signed*

Enc.

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>1:13-CR-435-1</b>		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>Pro Se</b>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)</b>							
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14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
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<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS <b>Joseph Armstrong, North Carolina Middle District          324 W. Market St., Greensboro, N.C. 27401</b>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE <b>Brian: I don't have that information.</b>				Telephone Number: <b>(336) 332-6034</b>			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original	1-28	28	\$3.65			\$102.20	
Copy	1-28	28	\$0.90			\$25.20	
Expense (Itemize)	These are only estimated costs.						
<b>TOTAL AMOUNT CLAIMED:</b>						<b>\$127.40</b>	
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk                      Date							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court                      Date						24. AMOUNT APPROVED	

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

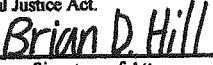
1. CIR/DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>1:13-CR-435-1</b>		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>Pro Se</b>			
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14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
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<b>CLAIM FOR SERVICES</b>					
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS <b>Joseph Armstrong, North Carolina Middle District          324 W. Market St., Greensboro, N.C. 27401</b>		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE <b>Brian: I don't have that information.</b>			Telephone Number: <b>(336) 332-6034</b>		
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original	1-25	25	\$3.65		\$91.25
Copy	1-25	25	\$0.90		\$22.50
Expense (Itemize)	These are only estimated costs.				
<b>TOTAL AMOUNT CLAIMED:</b>					<b>\$113.75</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
<b>ATTORNEY CERTIFICATION</b>					
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk    Date					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court    Date					24. AMOUNT APPROVED



## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

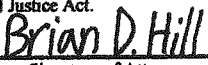
1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>1:13-CR-435-1</b>		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>Pro Se</b>	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <b>18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)</b>							
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.</b>							
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). <b>Called for sentencing - 9/30/2014 - 22 Pages</b>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)							
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT  As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  <div style="display: flex; justify-content: space-between;"> <div> <u>Brian D. Hill</u>            Signature of Attorney         </div> <div> <u>01/30/2015</u>            Date         </div> </div> <div style="margin-top: 10px;"> <u>Brian David Hill(Pro Se)</u>            Printed Name         </div> <div style="margin-top: 5px;">           Telephone Number: <u>(276) 632-2599</u>  <input type="checkbox"/> Panel Attorney    <input type="checkbox"/> Retained Attorney    <input checked="" type="checkbox"/> Pro-Se    <input type="checkbox"/> Legal Organization         </div>				16. COURT ORDER  Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  <div style="text-align: center; margin-top: 20px;">           _____            Signature of Presiding Judge or By Order of the Court         </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           _____            Date of Order         </div> <div>           _____            Nunc Pro Tunc Date         </div> </div>			
<b>CLAIM FOR SERVICES</b>							
17. COURT REPORTER/TRANSCRIBER STATUS  <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME AND MAILING ADDRESS  <b>Joseph Armstrong, North Carolina Middle District          324 W. Market St., Greensboro, N.C. 27401</b>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE  <b>Brian: I don't have that information.</b>				Telephone Number: <b>(336) 332-6034</b>			
20. TRANSCRIPT		INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original		1-22	22	\$3.65			\$80.30
Copy		1-22	22	\$0.90			\$19.80
Expense (Itemize)		These are only estimated costs.					
<b>TOTAL AMOUNT CLAIMED:</b>							<b>\$100.10</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED  I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.  <div style="display: flex; justify-content: space-between;"> <div>Signature of Claimant/Payee _____</div> <div>Date _____</div> </div>							
<b>ATTORNEY CERTIFICATION</b>							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Signature of Attorney or Clerk _____</div> <div>Date _____</div> </div>							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. APPROVED FOR PAYMENT  <div style="text-align: center; margin-top: 20px;">           _____            Signature of Judge or Clerk of Court         </div>						24. AMOUNT APPROVED  <div style="text-align: center; margin-top: 20px;">           _____            Date         </div>	

## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>1:13-CR-435-1</b>		5. APPEALS DKT./DEF. NUMBER		
7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		
10. REPRESENTATION TYPE (See Instructions) <b>Pro Se</b>						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)</b>						
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>						
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.</b>						
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). <b>Status Conference - 10/15/2014 - 13 Pages</b>						
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS	
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)						
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited						
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions						
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.						
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="text-align: center;">             Signature of Attorney         </div> <div style="text-align: center;"> <b>Brian David Hill(Pro Se)</b>            Printed Name         </div> <div style="text-align: center;"> <b>(276) 632-2599</b>            Telephone Number:         </div> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="text-align: center;">           _____            Signature of Presiding Judge or By Order of the Court         </div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">           _____            Date of Order         </div> <div style="text-align: center;">           _____            Nunc Pro Tunc Date         </div> </div>			
<b>CLAIM FOR SERVICES</b>						
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS <b>Joseph Armstrong, North Carolina Middle District          324 W. Market St., Greensboro, N.C. 27401</b>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE <b>Brian: I don't have that information.</b>			Telephone Number: <b>(336) 332-6034</b>			
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original	1-13	13	\$3.65			\$47.45
Copy	1-13	13	\$0.90			\$13.90
Expense (Itemize)		These are only estimated costs.				
<b>TOTAL AMOUNT CLAIMED:</b>						<b>\$61.35</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____						
<b>ATTORNEY CERTIFICATION</b>						
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk      Date						
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>						
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court      Date						24. AMOUNT APPROVED



## CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 01/08)

1. CIR/DIST./DIV. CODE		2. PERSON REPRESENTED <b>Brian David Hill</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>1:13-CR-435-1</b>		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>U.S. v. Brian David Hill</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	
10. REPRESENTATION TYPE (See Instructions) <b>Pro Se</b>					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18:2252A(a)(5)(B) and (b)(2) Possess child pornography of a prepubescent minor under 12 years of age (1)</b>					
<b>REQUEST AND AUTHORIZATION FOR TRANSCRIPT</b>					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) <b>For the purpose of appealing my conviction. I need to review the transcripts before I file an appeal brief in the Court of Appeal. I need the entire transcript of the hearing or hearings to find any errors to prepare for the appeal brief. Appeal is reason for request.</b>					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). <b>Sentencing Hearing - 11/10/2014 - 17 Pages</b>					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Realtime Unedited					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="text-align: center;">             Signature of Attorney         </div> <div style="text-align: center;"> <b>Brian David Hill (Pro Se)</b>            Printed Name         </div> <div style="text-align: center;"> <b>(276) 632-2599</b>            Telephone Number         </div> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input checked="" type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted.  _____ Signature of Presiding Judge or By Order of the Court  _____ Date of Order                      Nunc Pro Tunc Date		
<b>CLAIM FOR SERVICES</b>					
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME AND MAILING ADDRESS <b>Joseph Armstrong, North Carolina Middle District          324 W. Market St., Greensboro, N.C. 27401</b>		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE <b>Brian: I don't have that information.</b>			Telephone Number: <b>(336) 332-6034</b>		
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original	1-17	17	\$3.65		\$62.05
Copy	1-17	17	\$0.90		\$15.30
Expense (Itemize)	These are only estimated costs.				
<b>TOTAL AMOUNT CLAIMED:</b>					<b>\$77.35</b>
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
<b>ATTORNEY CERTIFICATION</b>					
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk                      Date					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
23. APPROVED FOR PAYMENT _____ Signature of Judge or Clerk of Court                      Date					24. AMOUNT APPROVED

Brian David Hill  
916 Chalmers St.  
Martinsville, VA 2

**U.S.W.G.O.**

*Brian D. Hill*  
*Signed*

**CERTIFIED MAIL**



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**Clerk of the Court**

**U.S. Court of Appeals, 4th Circuit**  
**1100 East Main Street, Suite 501**  
**Richmond, VA 23219**

**NOTE: ~~RESPONSE TO MOTION~~**

*Sent Feb 6, 2015 Docketing Statement and Disclosure statement*